



47 TO/SB/21 (08-03)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Mail Stop	Amendment	Application Number	10/721,301
		Filing Date	November 24, 2003
		First Named Inventor	Douglas J. Dellinger
		Art Unit	1623
		Examiner Name	Traviss C. MCINTOSH
		Attorney Docket Number	2750-0001.10

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> No fee due <input type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Fee(s) due <input checked="" type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Check for \$240 <input checked="" type="checkbox"/> Charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Return postcard <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 month) <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement & Form PTO-1449 <input checked="" type="checkbox"/> Copy of cited reference <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s):	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks:

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name (print/type)	Isaac M. Rutenberg, Reg. No. 57,419 Reed Intellectual Property Law Group	Telephone	(650) 251-7700
Signature		Date	September 22, 2005

### CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to Examiner Traviss C. McIntosh in Group Art Unit 1623 of the USPTO at facsimile number (703) 872-9306 on the date shown below.

Name (print/type)	Will Sayo		Date	September 22, 2005
Signature				



# FE TRANSMITTAL for FY 2005

Effective 10/01/03. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** \$240

Complete if Known	
Application Number	10/721,301
Filing Date	November 24, 2003
First Named Inventor	Douglas J. Dellinger
Examiner Name	Traviss C. McIntosh
Group Art Unit	1623
Attorney Docket No.	2750-0001.10

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

Deposit Account:

Deposit Account No.	18-0580
Deposit Account Name	Reed IP Law Group

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below  Charge any underpayment or credit any overpayments
- Charge any additional fee(s) during the pendency of this application
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH AND EXAMINATION FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 790	2001 395	Utility filing fee (filed on or before 12/8/04)	
1011 300	2011 150	Utility filing fee (filed after 12/8/04)	
1111 500	2111 250	Search Fee	
1311 200	2311 100	Examination Fee	
1081 250	2081 125	For each additional 50 sheets exceeding 100	
<b>SUBTOTAL (1)</b>		\$	

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	26	- 26** =	0	x		=	Fee Paid
Independent Claims	6	- 6** =	0	x		=	
Multiple Dependent						=	

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 .50	2202 25	Claim in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple dependent claim, if not paid
1204 200	2204 100	** Reissue independent claims over original patent
1205 50	2205 25	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		\$

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	Isaac M. Rutenberg	Registration No. (Attorney/Agent)	57,419	Telephone	(650) 251-7700	
Signature				Date	September 22, 2005	